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**\*BIBDATASHEET\***

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**CONFIRMATION NO. 1249**

SERIAL NUMBER 10/783,126	FILING DATE 02/20/2004  RULE	CLASS 227	GROUP ART UNIT 3721	ATTORNEY DOCKET NO. 2666 CON (203- 2709 CON)
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**APPLICANTS**

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**\*\* CONTINUING DATA** \*\*\*\* *checked*This application is a CON of 09/687,815 10/13/2000 PAT 6,817,508  
*NC***\*\* FOREIGN APPLICATIONS** \*\*\*\* *None***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 05/14/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING 23	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>NC</i>	CT			
Verified and Acknowledged	Examiner's Signature <i>NC</i> Initials				

**ADDRESS**

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**TITLE**

Surgical stapling device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )